ATTACHMENT C PART 7

LAKE COUNTY ADULT DETENTION FACILITY
MEDICAL DIVISION
104 E.Erie Street
Painesville, Ohio 44077

CONSENT FOR RELEASE OF INFORMATION
TO INCLUDE DRUG AND/OR ALCOHOL ABUSE

I hereby authorize FMC Rochester Minn (Mayo Clinic) to release

information from the records of SIGGERS, KEVIN
name

294-80-1228
S.S.N

8-22-70
D.O.B.

The information to be released to The Lake County Adult Detention Facility/Dr. Baster for the purpose of treatment.

The information to be released is (itemized portions of record and time period) Discharge/Treatment Summery, Medication, Recommendations, Appropriate Lab and/or Xray Reports

IVP, urology report

I also understand that this consent is revocable upon written request to the extent that the action has been taken in reliance thereon, and the this consent will remain in force a reasonable time on order to effectuate the purpose for which it is given.(THIS AUTHORIZATION WILL BE IN EFFECT FOR 90 DAYS)

X Kevin A Siggers Sr.
Signature

Date

Witness

7-27-05
Date

HIV COUNSELING DOCUMENTATION

POST-TEST: Seronegative

X **1.** Explain purpose of session.

X **2.** Review confidentiality.

X **3.** Test Information

- X **a.** Inform patient of negative test result.
- X **b.** Explain purpose of test.
- X **c.** Identify remaining risks.
- X **d.** Explain inability of test to detect early infections. *(false negatives)*

X **4.** Explain risk reduction behaviors *(high risk)*

X **5.** Discussed follow-up testing *(high risk)*

___ **6.** Give additional education material if requested.

X **7.** Patient Reactions/Level of Understanding/Comments

I understand the above information.

Kevin L. Siggers Sr. — Signature of Inmate | [signature] — Signature of Staff Counselor | 4/8/98 — Date

****

Seropositive Post-Test Counseling

___ **1.** Confidentiality review.

~~SIGGERS, KEVIN L~~ **2.** Patient informed of results of test by physician.

___ **3.** Patient referred to the psychology department for follow-up counseling.

51627-060

DOB 08-22-1970
FMC ROCHESTER, MN

Signature of Inmate | Signature of Staff Counselor | Date

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

HIV COUNSELING DOCUMENTATION

Directions:

Use the following criteria to counsel the patient who is tested for the ***HIV*** antibody. Check off each item as they are discussed. Write NA beside any item that is inappropriate to the situation. Secure this form until pre- and post-test counseling is completed, then file this form in the patient's chart, documenting in the progress notes that counseling was completed as provided on forms BP-490 (61), BP-491 (61), and BP-492 (61) as appropriate.

PRE-TEST:

SIGGERS
KEVIN L
B/M/O/08-22-1970 51627-060
HT/601 WT/230 HR/BK EY/BN
CUSTODY/IN

1. Explain purpose of session.
2. Explain confidentiality.
3. Explain ***HIV*** antibody test.

a. What AIDS is
b. What the test is
c. Test Procedure
d. Meaning of test results
e. Inability to detect early infections *(false negatives.)*
f. Possibility of false positives
g. Possible need for additional testing
h. Complications and consequence of a positive test.

4107H
SIGGERS, KEVIN
51627-060
1/2

4. List risk factors.
5. Explain prevention recommendations for persons with possible expo...
6. Obtain informed consent *(when applicable)*.
7. Risk Reduction Behaviors. Educational material provided.
8. Patient Reactions/Comments.

Inmate Name: _____ Register Number: _____

I understand the above information about the ***HIV*** test.

Signature of Inmate | Signature of Staff Counselor | Date

BP-489 (61)
JANUARY 1991

MEDICAL DUTY STATUS CHECKLIST
FEDERAL MEDICAL CENTER
ROCHESTER, MINNESOTA

_____ALLRG/WOOL	_____LIMIT SUN	_____SOFT SHOES
_____ART LIMB	_____LOWER BUNK	_____SPEC DIET
_____ATH RESTR	_____NO DRIVING	_____STAND RSTR
_____BED BOARD	_____NO F/S	_____SUIC WATCH
_____COLD/WIND	_____NO DUTY	_____EFFECTIVE DATE
_____DRIV RESTR	_____NO POLLUT	_____DELETE DATE
_____HEAR RESTR	_____NOT MED CL	_____WGT 15 LB
_____HGT RESTR	_____ORTH SHOES	_____WGT 20 LB
_____HUNGR STRK	X REG DUTY (NO not med CL)	_____WGT 25 LB
_____EFFECTIVE DATE	_____REG DUTY W	_____WIRED JAW
_____DELETE DATE	_____SMOKE FREE	

REGULAR DUTY WITH - NEEDS TO BE USED WHEN ANY OTHER DUTY STATUS IS ASSIGNED.

STAMP INMATE CARD HERE:

Siggers, Kevin
51627-060

SIGGERS, KEVIN L
51627-060
DOB 08-22-1970
FMC ROCHESTER, MN

SIGNATURE Louis S. Sterling, PA-C
FMC Rochester, MN

SIGNATURE STAMP

4/7/98 1/2

DATE

done 4.7.98

MEDICAL DUTY STATUS CHECKLIST
FEDERAL MEDICAL CENTER
ROCHESTER, MINNESOTA

_____ALLRG/WOOL	_____LIMIT SUN	_____SOFT SHOES
_____ART LIMB	_____LOWER BUNK	_____SPEC DIET
_____ATH RESTR	_____NO DRIVING	_____STAND RSTR
_____BED BOARD	_____NO F/S	_____SUIC WATCH
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REGULAR DUTY WITH - NEEDS TO BE USED WHEN ANY OTHER DUTY STATUS IS ASSIGNED.

STAMP INMATE CARD HERE:

SIGGERS
KEVIN L 51627-060
B/M/O/08-22-1970
HT/601 WT/230 HR/BK EY/BN
CUSTODY/IN

Gary J. Kunz 3/26/98
IGNATURE

Gary J. Kunz, FNP-C
FMC Rochester, MN
IGNATURE STAMP

3/26/98
ATE

DK 3/30/98

FMC ROCHESTER, MN
INMATE DISABILITY REPORTING FORM

INMATE NAME: _____ REG. NO.: _____ UNIT: _____

A disability refers to a permanent mental or physical impairment or condition that substantially limits one or more major life activities.

Please check the appropriate MDS and accomodation assignment(s):

_____ No disability identified at this time

_____ Speech impairment
- _____ None needed — SPCH - NO AC
- _____ Communication, P — SPCH - COM P
- _____ Program, P — SPCH - PGM P
- _____ Communication, U — SPCH - COM U
- _____ Program, U — SPCH - PGM U
- _____ Communication, N — SPCH - COM N
- _____ Program, N — SPCH - PGM N

_____ Vision impairment
- _____ None needed — VISN - NO AC
- _____ Communication, P — VISN - COM P
- _____ Program, P — VISN - PGM P
- _____ Communication, U — VISN - COM U
- _____ Program, U — VISN - PGM U
- _____ Communication, N — VISN - COM N
- _____ Program, N — VISN - PGM N

_____ Non-paralytic orthopedic impairment
- _____ None needed — ORTH - NO AC
- _____ Architectural, P — ORTH - ACC P
- _____ Program, P — ORTH - PGM P
- _____ Architectural, U — ORTH - ACC U
- _____ Program, U — ORTH - PGM U
- _____ Architectural, N — ORTH - ACC N
- _____ Program, N — ORTH - PGM N

_____ Complete paralysis
- _____ None needed — TPAR - NO AC
- _____ Architectural, P — TPAR - ACC P
- _____ Program, P — TPAR - PGM P
- _____ Architectural, U — TPAR - ACC U
- _____ Program, U — TPAR - PGM U
- _____ Architectural, N — TPAR - ACC N
- _____ Program, N — TPAR - PGM N

_____ Hearing impairment
- _____ None needed — HEAR - NO AC
- _____ Architectural, P — HEAR - ARF P
- _____ Program, P — HEAR - PGM P
- _____ Architectural, U — HEAR - ARF U
- _____ Program, U — HEAR - PGM U
- _____ Architectural, N — HEAR - ARF N
- _____ Program, N — HEAR - PGM N

_____ Missing extremities
- _____ None needed — EXTR - NO AC
- _____ Architectural, P — EXTR - ACC P
- _____ Program, P — EXTR - PGM P
- _____ Architectural, U — EXTR - ACC U
- _____ Program, U — EXTR - PGM U
- _____ Architectural, N — EXTR - ACC N
- _____ Program, N — EXTR - PGM N

_____ Partial Paralysis
- _____ None needed — PPAR - NO AC
- _____ Architectural, P — PPAR - ACC P
- _____ Program, P — PPAR - PGM P
- _____ Architectural, U — PPAR - ACC U
- _____ Program, U — PPAR - PGM U
- _____ Architectural, N — PPAR - ACC N
- _____ Program, N — PPAR - PGM N

_____ Disfigurement
- _____ None needed — DISF - NO AC
- _____ Architectural, P — DISF - ACC P
- _____ Program, P — DISF - PGM P
- _____ Architectural, U — DISF - ACC U
- _____ Program, U — DISF - PGM U
- _____ Architectural, N — DISF - ACC N
- _____ Program, N — DISF - PGM N

_____ Other physical impairment (permanent limitation of activity due to disease, including mobility, heart disease, ca[illegible]
- _____ None needed — PHYS - NO AC
- _____ Architectural, P — PHYS - ACC P
- _____ Program, P — PHYS - PGM P
- _____ Wheelchair, P — PHYS - WCH P
- _____ Architectural, U — PHYS - ACC U
- _____ Program, U — PHYS - PGM U
- _____ Wheelchair, U — PHYS - WCH U
- _____ Architectural, N — PHYS - ACC N
- _____ Program, N — PHYS - PGM N
- _____ Wheelchair, N — PHYS - WCH N

SIGGERS
KEVIN L 51627-060
B/M/O/08-22-1970
HT/601 WT/230 HR/BK EY/BN
CUSTODY/IN

Addressograph Here

Gary J. Kunz 3/26/98
Signature Date

Gary J. Kunz, FNP-C
FMC Rochester, MN
Signature Stamp

DA 3/30/98